



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
BOARD OF CHIROPRACTIC LICENSURE  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

JOHN ELIAS BALDACCI  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

### CONTINUING EDUCATION PROGRAM APPROVAL FORM

In order for the Maine Board to consider approval of Continuing Education Programs, you must complete this form . This form is comparable to the form that is used by the Federation of Chiropractic Licensing Boards.

This application must be completed in its entirety. All final or draft advertisement brochures and/or promotional materials. If used, must accompany the application. A course syllabus or outline, a vitae of all instructors and (if applicable) a letter verifying the speakers affiliation with an appropriate educational institution must also accompany this application. Two copies [with attachments] must be submitted. Applications will be submitted to the Board for approval only when complete and the proper fee (if applicable) has been received. *Acceptable program criteria may vary among boards.*

**NAME OF COURSE OR SEMINAR** \_\_\_\_\_

1. Organization or school presenting course \_\_\_\_\_

2. Contact information for person filling out this application:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

3. Name of cosponsor (if applicable) \_\_\_\_\_

4. Dates(s) course will be offered

Locations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Fee to be charged to participant \_\_\_\_\_

Fee covers \_\_\_\_\_

6. What best identifies the educational experience: *(please circle –not all formats accepted by all boards)*

(a) Lecture      (b) Convention      (c) Forum      (d) Workshop      (e) Home Study  
(e) Video Presentation      (f) Other: \_\_\_\_\_

7. Exact hours course is scheduled for \_\_\_\_\_

8. Number of continuing education hours requested \_\_\_\_\_



PRINTED ON RECYCLED PAPER

PHONE: (207)624-8600

(207) 624-8563 (HEARING IMPAIRED)

FAX: (207)624-8637

OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER, MAINE

9. Name(s) of instructors (*attach cv's or resumes*)

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10. Provide name of attendance officer, method of certifying/assuring attendance, who maintains attendance records for verification?

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11. List text(s) and equipment used as aids

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12. a. Is course approved/sponsored by any school having status with the CCE? ☐ Yes ☐ NO

b. Is course approved/sponsored by any other healing arts school or college? ☐ Yes ☐ NO

If YES to either, name school \_\_\_\_\_

13. Is an examination or evaluation process part of the program? Describe \_\_\_\_\_

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14. Are any promotional publications or advertisements being used? ☐ Yes ☐ NO

If Yes, please attach final or draft copies (if draft, please mail a copy of the final version later.)

15. Does this course include practice building, either as part of the program itself, or as an optional offering?

☐ Yes ☐ NO If Yes, please explain \_\_\_\_\_

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16. Does this course either promote a product or apparatus or offer a product or apparatus as an optional item for inspection for those attending? ☐ Yes ☐ NO

If YES, please explain \_\_\_\_\_

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17. Will those attending be given a product as a gift or a reduced price? ☐ Yes ☐ NO

If Yes, please explain \_\_\_\_\_

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18. **TOPICS AND HOURS REQUESTED FOR APPROVAL:**

**No. of Hours**

**A syllabus or course outline may be submitted in lieu of hourly breakdown for long term courses**

A. Principles of Practice/Philosophy of Chiropractic	_____
B. Examination Procedures/Diagnosis	_____
C. Physical therapy/Physiological therapeutics	_____
D. Nutrition	_____
E. Adjustive technique	_____
F. Radiographic technique/safety	_____
G. Diagnostic imaging interpretation	_____
H. Insurance reporting/Procedures	_____
I. Practice management	_____
K. Risk management	_____
L. Basic sciences	_____
M. Research trends	_____
N. Medical/legal	_____
O. HIV prevention/education	_____

P. Boundaries issues

Q. Scope of practice

R. Other (Specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total number of Hours Requested for Approval**

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19. I hereby certify that all information listed above is correct and that nothing has been omitted. The required enclosures are also included.

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

APPLICATION FEE ARRANGEMENTS \_\_\_\_\_

**NOTE:**

**PRIOR APPROVAL OF A CONTINUING EDUCATION COURSE BY A CHIROPRACTIC REGULATORY BOARD DOES NOT ASSURE FUTURE APPROVAL. APPROVAL OF A CONTINUING EDUCATION COURSE BY ONE BOARD DOES NOT IMPLY OR ASSURE APPROVAL BY OTHER BOARDS.**